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ABSTRACT

A project was conducted in Minnesota: (1) to describe and document a new level of technical nursing appropriate for 1988 for people educated at less than baccalaureate level; (2) to identify exit competencies of graduates of new programs; and (3) to develop model curricula for new programs in Minnesota's adult vocational technical institutes, including terminal performance objectives, blocks of activities, and time devoted to terminal performance objectives. Following a review of literature that projected 83,000 job openings annually for such a "technical" level nurse, conversations with advisory groups, and interviews with employers in industry, clinics, health maintenance organizations, and home care agencies, a questionnaire was developed. The questionnaire, which focused on job-entry skills for the future second-level nursing technician who is not a registered nurse, was sent to 122 employers (directors of nursing, practical nursing directors, and organization representatives in metropolitan and out-of-state areas), and 98 were returned. Results from the survey demonstrated that a consensus regarding the level of education and skill expected of a technical-level nurse does not yet exist, although much concern was expressed about the future of nursing. In general, metropolitan employers foresaw lower-level tasks for technical-level nurses than did those employers in rural areas. From these responses, a list of proposed competencies for nursing technicians was drawn up, with suggested competencies in nursing care delivery, health teaching, and leading and managing. Recommendations were made for curriculum, licensure, articulation, and future studies. (KC)

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PROJECT 88: A NEW TECHNICAL NURSING CURRICULUM

04-CD-82

A project for development of curriculum and instructional materials in vocational education funded by Minnesota State Department of Education, Division of Vocational-Technical Education.

FINAL REPORT

June, 1982

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PREFACE

This Project grew out of concern for future health care and the changing roles in nursing. Professional nurses who are practical nurse educators needed to examine developing trends in both areas. Should changing roles in nursing evolve from five levels to only two levels, practical nurse education will of necessity be changed. The possible directions of such future changes causes much anxiety.

Region XI Practical Nurse Educators, representing four of the five metropolitan practical nursing programs, initiated the request for funds for this project. When funding was granted, the four programs agreed to work cooperatively. The fifth metropolitan program, while interested, was unable to participate due to recent faculty changes.

In six weeks of concentrated effort, an initial inquiry was made into future expectations for the "technical" level nurse. This was accomplished through conversations with many employers and educators as well as questionnaires to a random sampling of employers and others interested. An effort was made to work within the areas of nursing identified by the Minnesota Nurses' Association, and contacts with MNA and other nursing groups were utilized.

Actual curriculum development as originally proposed, was set aside in the fifth week of the project in order to concentrate more fully on the data received. Efforts to provide greater curricular standardization across the state and to add new areas prophesized as needed by the "new nursing technician" will require more study, time and funding. It is our hope that such projects will be forthcoming.

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CHAPTER 1

Introduction

Statement of the Problem

Nursing education is in a state of flux. Many leaders in the field agree that the character of nurse education will be dramatically changed within the next six years. Most agree that the beginning professional nurse should be prepared only at the baccalaureate level.

Ginzberg (1981) states that a substantial increase in the number of baccalaureate nurses in the forseeable future is unlikely because of three economic facts:

1. Increasing college costs and the declining numbers of college students.
2. State governments will not increase funding unless the marketplace demands it, and the majority of nurse employers have not emphasized that need.
3. The federal government repeatedly attempts to reduce funding for nursing education.

These economic truths dictate that there will continue to be a need for even more support persons in nursing who can be prepared with less expenditure of time and money. This new level (often referred to as "technical") will probably have a new title and license; the details of these changes will be decided by political process. It is vital that Minnesota's vocational/technical system prepare for this future and be ready to implement needed changes.

Background of the Issue

The issue of requiring baccalaureate preparation for professional nurses became significant in 1965 with the American Nurses' Association's (ANA) Position Paper. By 1978, the ANA position included creation of two levels of practice: professional, with preparation at the baccalaureate level; technical, with preparation at approximately two years. This was to occur by 1988. New York State seemed to lead the campaign for these changes, but as yet there have been no substantive changes there or elsewhere in the country to clearly define two new distinctive levels of nurses.

The American Hospital Association (AHA) in 1980 reaffirmed their support of all forms of nursing education. Nursing leaders nationwide agree that nursing and education for nursing is in a confused state. While many proposals for change have been suggested, there does not seem to be a consensus.

The National League for Nursing (NLN) has supported all four levels of nursing education, and seems to be the only national group that continues to include the Licensed Practical Nurse (LPN) as one type of nurse. The NLN's latest position on nursing roles (1982) confirms the importance of a baccalaureate degree with a major in nursing for professional practice. The NLN also states that technical nursing practice requires an associate degree or a diploma in nursing, and that vocational nursing requires a certificate or diploma in vocational/practical nursing. The NLN is now supporting three levels of nursing.

The Minnesota Nurses' Association (MNA) supports the ANA position that the baccalaureate degree with a major in nursing is the minimal educational preparation for entry into professional practice. This position has contributed to the demise of many Minnesota hospital-based schools of nursing giving diplomas over the past 15 years. The MNA also states that there should be a second category nurse (technical) who is to be educated in an educational setting by nurse educators. Three models for preparing the two future levels of nurses were presented at the 1981 MNA Convention. The educational preparation in each of these models is:

I.	Professional	--	4-5 years
	Technical	--	4-6 weeks
II.	Professional	--	4-5 years
	Technical	--	1-2 years
III.	Professional	--	5-6 years
	Technical	--	3 years

(MNA, Proposed modes 1982)

The MNA is currently working to delineate the roles of professional and technical nurses. (See Appendix A.)

Other than in Minnesota, there seems to be very little concerted effort across the country to define clearly the second level of care giver. This is, of course, because there are presently two types of nurses vying for the "technical" title of the future. One is the Associate Degree Nurse (ADN), prepared in community colleges and licensed as a Registered Nurse (RN). The second is the LPN, prepared in vocational/technical schools. The problems inherant in attempting to satisfy both groups are enormous.

In Minnesota, advisors to practical nurse programs and educators of LPNs have long felt that expansion of the educational program by several months would allow teaching of additional skills needed by LPNs in their employment. LPNs questioned after several months of employment frequently express the wish for more preparation before graduation in areas such as medication administration or being responsible for four or five patients during one period of time. State rules governing nurse education presently state that programs preparing LPNs must be not less than nine months or more than 12 months in duration. The Minnesota Board of Nursing (MBN) has let it be known that proposed replacement rules do not specify length of curriculum for either practical or professional programs (Baach, Note 1).

Project Goals

This Project was initiated because professional nurses who educate practical nurses (PN) are concerned about the eventual definition of the second level care giver. There are 27 LPN preparing programs in Minnesota, graduating approximately 1200 nurses each year. Over ninety percent of these graduates become licensed and are in demand as valuable health care givers.

Initial brainstorming by PN educators in January, 1982, led to key points to be addressed by the Project:

1. Emphasize technical skills.
2. Keep clinical experience at 50% of total educational programs.

3. Increase communication, assessment, and leadership skills.

4. Prepare graduates for work in clinics, community health, and home care as well as in acute and long term care facilities.

In February, 1982, a pilot questionnaire was conducted by Minneapolis Technical Institute asking for ideas about the future second level person. Questions were asked about specific skills needed, employment areas, needed knowledge base, length of program and title of person. Thirty questionnaires were sent; 24 were returned. Replies helped the project group formulate more specific, comprehensive questions for the later questionnaire.

The Project Abstract, also completed in February, 1982, identified three specific objectives:

1. Describe and document a new level of technical nurse appropriate for 1988 and educated at less than baccalaureate level.

2. Identify exit competencies of graduates of new programs.

3. Develop model curriculum for new programs in Minnesota's AVTIs including:

   a) terminal performance objectives.
   b) blocks of activities and time devoted to TPOs.

Initial guidelines for the Project were established on March 15, 1982.

FOCUS: CHANGING CURRICULUM TO MEET THE CHANGING JOB REQUIREMENTS

1. Suggest a short term education program - less than eighteen months in length.

2. Consider cost effectiveness:

   a) For employers: to provide prepared employees that can do the work when hired.
   b) For students: to achieve a living income in a short period of time.
   c) For Practical Nursing Program: the basic curriculum will already be developed. (There will be no need "to reinvent the wheel".)

3. The emphasis will be on occupational skills needed in five - ten years in the following areas:

   a) Acute care
   b) Home care
   c) Long-term care
   d) Clinics-HMO's
   e) Industry

4. Attempt to operate within the present law. A written statement from the MBN that will interpret the present law is needed.

5. Get input from the entire state by using:

   a) Three advisory groups
      1. PN Educators
      2. Employers
      3. Nursing organizations
   b) Questionnaires to:
      1. Statewide employers (sample)
      2. Advisory Groups

6. The future technician's job description must be clearly differentiated from the Baccalaureate R.N..

7. Establish consistency of the curriculum throughout the state by identifying exit competencies that could be adopted by all practical nursing programs in Minnesota.

We see Practical Nursing Programs as eminently qualified to train this technician of the future.

CHAPTER 2

Project Effort

Review of Literature

Manual search of nursing literature and use of ERIC and Medline computer searches revealed few references to development of a new nursing technician curriculum. References to LPNs are relatively scarce in professional nursing literature except when included as "allied health personnel". Other literature sources were only a little better.

The U.S. Department of Labor reports that the LPN market is the fastest growing job market in the country, even outstripping the market for "glamor" jobs in the computer industry. The demand for LPNs ranks first, compared to 239 other jobs studied, and will continue to grow through the '80s (Leading the Pack, 1982).

A preliminary report issued by the Institute of Medicine of the National Academy of Sciences says of nursing,

> "Non-baccalaureate nurses and LPNs will continue to be the backbone of hospital and nursing home staff for bedside nursing for the forseeable future." (IOM report, 1981)

A 1979 New York study projected 83,000 job openings for LPNs annually through 1985.

> "Employment is expected to grow much faster than average as the population grows and health insurance plans expand. Job prospects are very good." (Blanstock, 1980)

Aiken (1981) reports that employment opportunities for professional nurses are also increasing due to changes in patient care which demands a higher nurse: patient ratio in acute care hospitals. While the number of hospital beds nationally did not increase between 1972-78, nurse employment rose more than 30%. However, enrollments in college-based nursing programs continue to decline, partially due to greater financial rewards for bright women in other fields (Aiken, Blendon, Rogers, 1981).

In hearings held by the National Commission on Nursing (NCN) in early 1981 over 1,000 oral and written testimonies were received about the present state of nursing and the system in which it is practiced. The ANA's resolution was presented as an unrealistic goal for 1985, but a desirable goal for the further future. Nurse educators were challenged to develop clinical nursing education to adequately prepare nurses to practice (Flanagan, 1981).

Much recent nursing literature focuses on the "shortage of professional nurses. Besides recognition of the increasing costs of collegiate education and declining enrollments, the shortage is viewed as a reaction to the demands of staff nursing in institutions. The Institute of Medicine's study of nursing reports, "The issues surrounding nursing in the U.S. today are so complex that no simple solution to the nurse shortage problem will be found." The report further emphasizes the need to assess and understand the present and potential roles of other manpower in nursing, not only RNs (IOM report, 1981).

The NCN also explored the economic, staff use, and status problems of nursing as a whole. One of their conclusions was,

> What is called a shortage in some northern states is an insufficient number of nurses to provide primary nursing at a ratio of 1:5-6 patients, while in the southern states, in many areas there may be one RN for a 20-40 bed unit to direct ancillary personnel who provide the "hands on" care. (NCN, 1981)

In Minnesota, the Higher Education Coordinating Board (HECB) has been studying nursing and nursing education for several years, and in 1980 concluded that future nursing enrollments were unlikely to meet the need for nurses in the coming years. The Coordinating Board observed,

> "The final solution to the shortage of practicing nurses will require changes in the utilization of nurses in the health care system, increases in the retention of practicing nurses, improvements in the educational preparation of nurses for practice and changes in society's view of the helping profession. To assist in this plan, the Coordinating Board recommended changes in nursing education programs to improve career mobility and also recommended:
>
> > THAT the Governor appoint a statewide task force representing nursing and other health care providers to review means of improving the utilization of current nursing resources, the retention of practicing nurses and the attractiveness of nursing as a career and submit a report for review by the Governor, Legislature and Higher Education Coordinating Board by January 1, 1982"
> > (Governor's Task Force on Nursing, 1982)

It must be emphasized again that many studies, articles and reports, when discussing "nurses" are including only RNs without reference to varied educational preparational programs. LPNs are considered by some to be "ancillary" personnel; LPNs are educated to be nurses and consider themselves to be nurses.

Advisory Groups

Vocational education has a committment to a joint partnership with employers to meet their needs. For this reason, nursing service administrators from 14 of the metropolitan clinical sites used by project programs were asked to be one of the advisory groups. This included 9 acute care hospitals and five long term care facilities (one of which declined).

The second advisory group consisted of the 27 PN Program Directors in Minnesota. Many of these professional nurses expressed their belief, on this first contact, that present PN programs could easily prepare nurses with increased technical skills if allowed to lengthen programs by a few months. All are concerned about the future of nursing.

The third advisory group included representatives from nursing organizations: MNA, Minnesota League for Nursing (MLN), Minnesota LPN Association (MLPNA). Advisors names are in Appendix B.

Conversations

Concerns about expanded employment opportunities for future nursing technicians led the project staff to visit employers in industry, clinics and Health Maintenance Organizations (HMOs), and home care agencies. Approximately 20 people were contacted by phone or in person and asked two questions:

1. What skills do you now have to teach new employees?
2. What skills do you forsee as needed by 1988?

Responses indicated several trends of interest:

In industry -- The Occupational Health Nurses' Association controls industrial nursing in Minnesota. Most positions require RNs because of counseling and teaching responsibilities. Several nurses interviewed stated that a second category nurse might be employed as an assistant to an industrial nurse. (Sears, Note2; Honeywell, Note 3)

In clinics and HMOs -- Newly hired LPNs presently require teaching in the areas of laboratory skills, i.e., of basic laboratory machinery, and in doing venipuncture for obtaining blood specimens. Clinic nurses in the future will need more skills in: assessment, assertiveness, problem-solving, teaching of normal health care, and phoning clients for follow-up care. Clinics and HMOs presently employ LPNs extensively; it is reasonable that a new nursing technician would also find employment in such areas. (Bloomington Lake Clinic, Note 4, Group Health, Note 5, St. Louis Park Clinic, Note 6).

In home care -- Several kinds of home care agencies were identified. Hospital-based agencies do not usually employ LPNs at the present because of regulations by third-party payors. (Fairview Southdale, Note 7). Other public and private agencies do employ LPNs and foresee home health care as an expanding job market for second category nurses. These nurses will need to know: problem-solving, care planning, assessment, communication skills with families, etc. (Lucas, Note 8).

Several employers in long term care were also interviewed. It was learned that new employees require additional education in documentation skills, especially the various forms required with federal regulations. Long term care agencies employ many LPNs at present and would continue to be a major employer of second category nurses. These employers request that future nurses be educated with decision-making skills, care planning skills, and skills in management appropriate for long term care settings, (Augustana Home, Note 9; Careview, Note 10).

Questionnaire Development

The questionnaire developed by the project focused on "job-entry skills for the future second level nursing technician who is not an RN." It did

not include all nursing skills. It did include some baseline skills, i.e., those already performed by LPNs, and some upper limit skills, i.e., those probably best reserved for RN judgement. It was intended as a stimulus to thought and discussion. The questionnaire is in Appendix C.

Research methods were reviewed in order that the questionnaire be developed to meet the specific objective: to systematically collect information. It was decided that the questionnaire could provide a beginning inquiry into employers' potential future needs. More time will be needed to validate needs and approaches when decisions about the second category care giver are made. The skills chosen were divided into specific units for reader ease. Items were arranged to not influence the next. Four choices were allowed to give respondants opportunity to choose the frequency of use for each skill instead of answering yes/no.

Sample Items

Unit A. What communication skills will be required?

Patient Teaching	Never	Occasionally	Usually	Always
1. To give instructions per routines for diagnostic tests.	1	2	3	4
2. To give routine preoperative and postoperative instruction.	1	2	3	4

Distribution of the questionnaire was as follows:

Metropolitan Employers	Sent	Returned	Per cent of Return
Hospitals	24	20	83
Nursing Homes	14	13	93
Total Metro	38	33	86

		Sent	Returned	Per cent of Return
Outstate Employers				
Hospitals	(Outstate		22	--
Nursing Homes	distribution		18	--
	uncertain)			
Total Outstate		53	40	75
Total All Employers	(Directors of Nursing)	91	73	80
PN Directors		27	23	85
Organization Representatives		4	4	100
Total		122	98	80

An attempt was made to distribute questionnaires to Business Administrators of hospitals and nursing homes as well. Of the 91 distributed, only six were returned, three of which were blank. A study of this group's ideas may be of value in the future; possibly a different approach would be more successful.

CHAPTER 3

Description of a Proposed Nursing Technician

Description Statement

Clear role delineation is vital if there are to be only two future levels of nursing. The motivation of this Project was to explore one possibility for the future second category care giver. One of the MNA models, suggesting that the technical level be prepared in one-two years, was chosen for further development. Adopting this model would allow preparation of a skilled, multidimensional technician in vocational/technical institutions.

This nursing technician should be the bedside care giver in health care agencies, responsible for basic nursing care including use of machines and devices. Ambulatory care settings and home care will also be areas of employment. The nursing technician will be responsible to a health care professional and will have a contributing role in health teaching. Leadership and decision making skills appear to be needed in long term care facilities.

Rationale

The rationale for this position is based on present strengths of vocational/technical education, economic factors, and the expressed needs of employers.

Technical Education

In 1965, the ANA's first position paper stated that "the nondegree granting technical institute slowly is disappearing from the American scene". While this may have reflected the 1965 scene, it is not true in 1982, and certainly not true in Minnesota.

Vocational/technical education serves students of all social and economic backgrounds. The profile of Minnesota's LPN graduates includes those who were financially disadvantaged, members of ethnic minorities, women reentering the work force, and men and women seeking career changes. The NCN (1981) reported that professional nursing has not effectively recruited men, minority members, and second career candidates. Vocational/technical education does! Vocational/technical education also offers developmental programs for applicants who need to improve basic skills in reading, mathematics, or study habits. Beckes (1980) claims that 50% of academically disadvantaged students can gain the necessary skills to be successful in nursing at this level.

There are more than 1300 PN programs in the U.S.; the majority of these programs are in vocational/technical settings (NLN, Nursing data book 1981). PN programs are self-contained, including knowledge of nursing, human behavior, and the basic sciences of anatomy, physiology and pharmacology.

PN programs have a history of success; 86% of graduates are employed in nursing within six months of graduation (NLN, Nursing data book, 1981). Studies of graduates generally show high job satisfaction by the LPNs as well as their employers (MDE, 1977; Struck, note 12).

The geographic distribution of Minnesota's 27 PN programs provides opportunity for students to attend a program near their home community if they so choose. This is a definite advantage for many, especially women with families, and also serves statewide employment needs.

Instructors in PN programs are, by law, RNs; many have baccalaureate degrees and some have advanced degrees. The existing contracts with clinical facilities permit many hours of clinical instruction, a necessary component of competence. Development of nursing technician programs with the roots of present PN programs would be sensible stewardship of personnel and material resources within the vocational/technical education system.

Economic Factors

The economic factors related to preparing nursing technicians are numerous. There is doubt as to whether the proposed need for professional nurses can even be met in existing baccalaureate programs because tuition costs prove prohibitive to many prospective nurses (Ginzberg, 1981). According to the American Vocational Association (AVA), educating nurses only at the professional level could escalate educational costs 57% by 1995 (Shortage of skilled workers, 1981). Tuition in technical schools is less prohibitive. Graduates of technical schools can be on the labor market in less than 18 months; this is very attractive to many people.

Employers need nurses with technical skills to work with professional nurses. As costs of hospitalization continue to rise, nursing departments will have to control their budgets more carefully. Many hospitals, particularily smaller institutions and those in rural areas, will not be able to afford an all-professional nursing staff (LaVereth, 1982). Because graduates of technical programs have spent less time and money on their education they will require proportionately less financial return from their employers. Comments from questionnaire respondants support this fact. "RNs do not fit into our budget. We could not operate this facility without LPNs."

Employer Needs

According to the NCN (1981), employers need graduates who are clinically competent to carry out patient care; this requires adequate clinical experience, continuity in clinical experience, and emphasis on care of acute patients during the educational experience. In PN programs, up to 50% of the time is spent in clinical settings with instructors closely supervising each experience. The emphasis is on technical skill performance backed by nursing knowledge and knowledge from the basic sciences.

Future needs for nursing includes greater attention to chronic health problems (A little crystal ball gazing, 1981). Bendix (1982) and many others predict that hospitalizations will lessen but that those who are hospitalized will need more technical and extensive care. Many authors claim that there will be greater needs for multiskilled health workers, especially in smaller hospitals and in ambulatory care settings (Clark, 1981; Perry, 1979). Home health care is viewed as the most economical approach to "treating the sick" (Trends and Issues, 1981) and as a growing employment area for all levels of nurses (Shea, 1982).

Questionnaire Response

As responses arrived, it became apparent that some respondants found it difficult to relate to future needs that are relatively unknown. The tool was not perfect; some terminology was unclear. Some employers answered "never" to tasks that would not be required at their specific facility. Several respondants were concerned that the project would create "another" level of nurse and further confuse role delineation. Some indicated that there should not be other studies until MNA defines the second category care giver.

Employers

Responses from employers demonstrate that there is not yet a consensus regarding the level of education and skill expected of the second category care giver. The high percentage of return (80%) indicates much interest in and concern for the future of nursing. Utilization of present and future nurses varies markedly between types of facilities and between metropolitan and outstate areas. In most cases, metropolitan hospital responses indicate the greatest limitations of skills for this nurse. The complete tabulated response from employers can be found in Appendix D.

There were four items addressed to patient teaching. Number 1 was, "To give instructions per routines for diagnostic tests.: - Twenty-one percent of metropolitan hospitals responded "never", while outstate hospitals showed 94% in "usually" and "always". Number 4 was "To teach health care maintenance..."; "usually" and "always" was the response from 31% of metropolitan hospitals, 50% of outstate hospitals, 66% of metropolitan nursing homes and 72% of outstate nursing homes.

The leadership items also demonstrated much variance. Number 1 was "To perform as primary nurse". This item drew many comments and varying definitions of "primary nurse". Clarification is needed in order to determine the future role of the second category care giver in primary nursing. Number 2 was "To perform as charge nurse". Nearly 50% of all nursing homes would use this nurse as a charge nurse. Number 3 was, "To perform as team leader". "Usually" and "always" was the response from 5% of metropolitan hospitals, 25% of outstate hospitals, 92% of metropolitan nursing homes, and 73% of outstate nursing homes.

The section related to decision making shows that even areas not using this nurse as a team leader will expect him/her to make bedside decisions about patient care, i.e., recognizing normal and abnormal physical and psychological responses, and administering PRN medications appropriately. Hospitals would not expect this nurse to call physicians, but nursing homes would expect this ability.

The items in the section, "Special Equipment Skills", were chosen because of the technology involved. The items regarding monitors show that professional judgement is preferred when using such equipment; members of the project group concur with that opinion. The items related to use of computers and data processing equipment again show the absence of consensus. Responses varied with the degree of familiarity with such equipment; some respondants omitted this section.

Administration of medications, shows more uniformity of ideas. Number 1, giving oral medications, received "usually" or "always" from 63% of metropolitan hospitals, 82% of outstate hospitals, 91% of metropolitan nursing

homes, and 89% of outstate nursing homes. Responses to giving injectable medications were nearly identical. Responses to calculating dosages and mixing insulins were more varied.

The skills involving sterile technique received conflicting responses. While 73% and 77% of metropolitan and outstate hospitals respectively said "usually" and "always" to changing dressing, only 21% and 41% respectively said "usually" and "always" to changing subclavian dressings. Over 50% of all hospitals would use this nurse as a scrub nurse in the operating/ delivery room.

Educators

Responses from Minnesota's PN Directors are also surprisingly varied. This perhaps reflects the statewide diversity of present PN curricula as well as the influence of the geographic locale. Responses to many items were very similar to responses of employers. Tabulation of responses from PN Directors is in the table, p. 22.

There are some sections which will need further study if curricular standardization is to be accomplished. Whether or not the nursing technician can receive and transcribe orders from physicians is one such area. The degree of involvement with the nursing care plan and the situations in which the nursing technician may plan, evaluate and revise care plans will need careful delineation. Use of mechanical equipment and technology is an area in which educators tend to be conservative; this also will need more study as use of such equipment expands.

Written comments from PN directors include both ends of the spectrum from, "there should be a wider gap between this person and the professional

nurse", to "we should keep and improve products we presently have without adding cost to patient, employer, and student".

Some of the additional comments received:

"I often feel the lower level person makes a better evaluation of the complexity of an assignment than the highest level . . .seems to be a more honest approach, knowing what they are able to do."

"Fetal monitors are not difficult to read nor to recognize abnormalities. Currently student practical nurses read the monitors in their training. Most OB patients are on fetal monitors."

"Patients are taught to take and administer medications orally, IM, Subq, hypo....why not the 2nd level person."

"Asepsis is asepsis so where-ever - the second level should know and perform asepsis."

"Health care is multifaceted so the 2nd level person should be multifaceted - allowing some horizontal laddering."

"Thank you for doing Project 88. I certainly believe the assistant to the RN needs training beyond a Nurse Aid level. A Nurse Aid level would seem regressing to what I first had in the earlier days of nursing....our patients and care were far less complex."

"I believe that perhaps an additional course should be offered persons who would become charge persons under an RN as in a nursing home or incorporate the teaching in the 2nd level course as a means of branching out - all persons that attend patients should recognize the abnormal and normal."

Responses from PN Directors

Unit A: Communication Skills	Percentage Responses			
Patient Teaching	Never	Occasionally	Usually	Always
1. To give instructions per routines for diagnostic tests.	--	--	43	57
2. To give routine pre and post-operative instructions.	--	--	48	52
3. To give pre and post-operative instructions in complicated situations.	30	61	9	
4. To teach health care maintainence i.e., diabetic foot care, discharge instructions, care of ostomy.	--	13	70	17
Nursing Care Plans				
1. To collect data for use in preparing nursing care plan.	--	--	30	70
2. To formulate the nursing care plan.	13	61	7	9
3. To evaluate the nursing care plan	4	39	43	13
Physicians Orders				
1. To receive and write telephone orders.	21	35	13	26
2. To transcribe written orders	18	41	14	27
Unit B: Leadership Skills				
1. To perform as primary nurse	8	43	35	13
2. To perform as charge nurse	39	52	4	4
3. To perform as team leader	17	39	26	17

Unit C: Decision Making Skills	Percentage Responses			
	Never	Occasionally	Usually	Always
1. To recognize normal physical and psychological responses.	--	--	13	87
2. To recognize abnormal physical and psychological responses.	--	--	43	57
3. To evaluate data gathered from medical and nursing assessments.	9	45	18	27
4a. To initiate appropriate action: administer prn medications.	--	10	52	38
4b. To initiate appropriate action: notify physician.	13	48	35	4
4c. To initiate appropriate action: revise nursing care plan.	9	35	39	17
Unit D: Intravenous Therapy Skills				
1. To adjust flow rate as ordered by physician	4	4	43	48
2. To change IV tubing	13	17	39	30
3. To hang intravenous bottles/ bags	9	9	35	48
4. To hang blood products	57	17	17	9
5. To adjust infusion pumps	43	17	21	17
6. To perform venipuncture to initiate IV therapy	86	9	--	5
Unit E: Special Equipment Skills				
Respiratory Therapy				
1. To initiate oxygen therapy	--	26	17	57
2. To monitor patient with mechanical ventilation	30	48	17	4

Unit E: Special Equipment Skills continued	Percentage Responses			
	Never	Occasionally	Usually	Always
3. To administer IPPB treatments.	34	39	9	17
Special Beds				
1. To use circle-lectric beds or Stryker frames.	5	5	22	68
Monitors				
1. To attach fetal monitor.	30	25	15	30
2. To interpret data from fetal monitor.	35	40	10	15
3. To initiate appropriate action according to routines for fetal monitor.	35	45	10	10
4. To attach cardiac monitor.	33	38	10	19
5. To interpret data from cardiac monitor.	45	50	--	5
6. To initiate appropriate action according to routines for cardiac monitor.	48	38	10	5
Computer-Data Processing				
1. To operate a video matrix terminal.	33	22	11	33
2. To enter nursing data.	33	17	17	33
3. To enter physician's order	53	24	6	18
4. To order medications, diets, diagnostic tests, etc.	53	16	5	26
Unit F: Administration of Medications				
1. To give oral medications	--	--	9	91
2. To give injectable medications	--	--	9	91

Unit F: Administration of Medications cont.	Precentage Responses			
	Never	Occasionally	Usually	Always
3. To calculate fractional doses.	10	15	20	55
4. To mix insulins in a syringe.	4	17	17	61
5. To administer piggy-back IV medications.	43	21	13	22
6. To inject medications into heparin lock/IV tubing	61	13	9	17
7. To mix IV solutions according to physician's order	77	5	--	18
Unit G: Sterile Technique Skills				
1. To change dressings	--	4	9	87
2. To perform catheterizations	--	--	4	96
3. To assist in Emergency Room, i.e., setting-up trays, etc.	--	--	9	91
4. To change subclavian dressings	35	26	17	22
5. To perform as a scrub nurse in the operating/delivery room	13	30	17	39

Other Responses

Responses from nurses representing organizations reflects interesting differences. The only items approaching consensus are: giving oral medications, changing dressings, performing catheterizations, explaining routine diagnostic tests, collecting data. The MNA and MLN respondants are both professional nurses with advanced degrees, but their responses are not uniformly similar. One LPN would expect the nursing technician to do "everything", while the other responded according to her present responsibilities in a small metropolitan hospital.

Questionnaire Results: Other interested nurses

1 = Never 2 = Occasionally 3 = Usually 4 = Always

Unit A: Communication	MNA	MLN	LPN 1	LPN 2
Teaching				
1. Routines, diagnostic	3	4	4	3
2. Routine pre/post operative	1	2	4	3
3. Complex pre/post operative	1	1	4	2
4. Health care maintainance	1	1	4	4
Nursing Care Plans				
1. Collect data	3	4	4	4
2. Formulate	1	1	3	3
3. Evaluate	1	1	3	2
Physician's Orders				
1. Telephone	1	1	4	2
2. Transcribe	1	3	4	2
Unit B: Leadership				
1. Primary Nurse	1	1	4	1
2. Charge Nurse	1	1	3	2
3. Team leader	1	1	4	3
Unit C: Decision making				
1. Normal responses	4	2	4	4
2. Abnormal responses	4	1	3	4
3. Evaluate data	1	1	3	3
4. a. PRN meds	3	2	4	4
b. Call physician	1	1	4	2
c. Revise care plan	1	1	4	4
Unit D: IV Skills				
1. Adjust ordered rate	1	3	4	4
2. Change tubing	1	3	4	2
3. Hang bottles/bags	1	1	4	4
4. Hang blood products	1	1	4	1
5. Adjust infusion pumps	1	1	4	3
6. Venipuncture	1	1	4	1

Questionnaire Results: Other interested nurses continued

	MNA	MLN	LPN 1	LPN 2
Unit E: Special equipment				
Oxygen				
1. Initiate	1	1	4	4
2. Monitor machine	1	1	4	2
3. IPPB	1	1	4	4
Special Beds				
1. Stryker/Circle	3	3	4	4
Monitors				
1. Attach fetal	3	1	4	2
2. Interpret data	1	1	3	2
3. Appropriate routine action	1	1	3	2
4. Attach cardiac	3	1	3	4
5. Interpret data	1	1	3	2
6. Appropriate routine action	1	1	3	2
Computer/Data Processing				
1. Operate terminal	3	4	2	-
2. Enter nursing data	3	3	2	-
3. Enter physician's orders	1	1	2	-
4. Order meds, diets	1	1	2	-
Unit F: Medications				
1. Give orals	4	3	4	4
2. Give injections	4	1	4	4
3. Calculate	4	1	4	4
4. Mix insulin	1	1	4	4
5. Piggy-back IV	1	1	4	1
6. Inject IV tubing	1	1	4	1
7. Mix IV solutions	1	1	4	1
Unit G: Sterile Techniques				
1. Change dressings	4	3	4	4
2. Catheterizations	4	3	4	4
3. Assist in ER	2	3	4	2
4. Change subclavian dressings	3	1	3	1
5. Scrub in OR	2	1	3	3

CHAPTER 4

Proposed Competencies of the Nursing Technician

Future practical nursing graduates of technical institutes could be multidimensional nursing technicians. The 1982 MNA Paper, "Proposed Role Descriptions for Future Levels of Nursing Practice", identifies three areas in which nurses function:

I. Nursing Care Delivery
II. Health Teaching
III. Leading and Managing

The Project has divided each of these areas into competencies that are:

- Current -- Presently standard in all Minnesota practical nursing programs
- Expanded -- May be current in some programs; standardization needed by 1988

Most of the current competency statements are from the 1980 MANEC Statement of Nursing Competencies. Many of the current objectives are modifications of the 1979 Practical Nurse Competencies compiled by the Minnesota Department of Education. Some objectives are compiled from individual programs. Those objectives marked with an asterisk (*) are identified as needing a health professional readily available for consultation.

I. Nursing Care Delivery

- Current — Practical nursing graduates in Minnesota know the principles and procedures for providing safe and effective physical care learned in nursing and non-nursing courses and apply these when performing delegated nursing measures (MANEC, 1980).

  Specific nursing care skills are listed in Appendix F.

- Expanded — While continuing the traditional care giver role, the second category nurse is also a competent technician. The nursing technician's role requires additional knowledge and performance skills in order to provide care. Advanced technology dictates that the nursing technician set up and use machines and devices.

A. IV Therapy

1. Maintains IV therapy by adding bags/bottles
2. Changes IV tubing
3. Sets up infusion pump
4. Determines flow rate and adjusts equipment accordingly
5. Documents IV therapy data

Comment

The degree to which IV therapy is presently taught in PN programs varies. The tasks listed above are minimum IV skills for the proposed nursing technician. Many hospitals, particularly outstate, would expect a future second level care giver to possess these skills.

B. Fetal Monitor

1. Attaches external monitor

*2. Interprets data

*3. Initiates appropriate action according to routine procedural plan

4. Documents data and action taken

C. Cardiac Monitor

1. Attaches external monitor

*2. Interprets data

*3. Initiates appropriate action according to routine procedural plan

4. Documents data and action taken.

Comments

The mechanical attachment of external equipment is an easily learned technical skill. Interpretation of data and initiation of appropriate action requires professional judgment in most cases. The proposed nursing technician should know enough about monitoring equipment to assist the health professional. If an institution wishes to employ nursing technicians regularly in areas using monitoring equipment, that facility should provide additional training.

D. Mechanical Turning & Moving Devices (i.e., Stryker/Foster frame, Circ-O-lectric bed, Hoyer lift, hydraulic tub lift)

1. Sets up equipment

2. Operates equipment

3. Supervises use of equipment

4. Documents use of equipment

E. Electronic Nerve Stimulators used to Control Pain

1. Attaches external electronic nerve stimulator
2. Adjusts device to meet patient's need
3. Instructs patient in use of device
4. Documents response of patient

F. Suctioning equipment

*1. Inserts nasogastric tube
*2. Performs tracheobronchial suctioning
3. Sets up equipment for waterseal drainage (i.e., pleurovac, Emerson, Gomco)
4. Documents data and action taken

Comments

Nursing technicians should be competent with the technical skills required with a variety of equipment. Skills marked with an asterisk probably require the judgment of a health professional, but the technique itself could be performed by the technician.

G. Respiratory Therapy Equipment

1. Sets up mist/oxygen tent
*2. Monitors mechanical ventilators
*3. Initiates appropriate action according to routine procedural plan
4. Documents data and action taken

H. Sterile Techniques

1. Sets up equipment for laceration repair, paracentesis, biopsy, etc
2. Performs dressing changes involving wound irrigation, packing of wound, etc.
3. Changes subclavian IV site dressings
4. Performs as scrub nurse for minor surgery
5. Documents actions taken

Comment

These skills represent expansion of the present LPN graduate competencies. Principles of surgical asepsis can be applied in various situations once the concepts are mastered. Nursing technicians should be competent in skills requiring sterile techniques.

I. Administration of Medications

1. Calculates fractional dosages using double check method
2. Mixes more than one medication in a syringe.
3. Follows manufacturers directions to reconstitute powdered medication.
4. Adds piggyback intravenous medications prepared by pharmacy
5. Gives oral and parenteral anticoagulant medications using double-check method.
6. Documents administration of medications and patient's response

Comment

While not all employers would use the nursing technician to administer medications, many others would. The expanded skills listed above are necessary in practical and professional programs according to the MBN proposed rule replacements (1981).

J. Computer/Data Processing

1. Operates a video display terminal to retrieve client data

2. Operates a video display terminal to input orders of medications, diet, diagnostic tests, etc.

Comment

Conversations with instructors of data processing revealed that in-depth knowledge of computers requires a lengthy instructional period. Since types of computers vary, and facilities may use computers in many ways, only the essential operations of the display terminal can be expected of the nursing technician. By 1988, many more people will be competent in this basic skill before they become nurses.

K. Basic Laboratory Procedures

1. Performs venipuncture to obtain blood samples

2. Performs screening tests for wbc, rbc, hmg, slide agglutination for pg/mono

Comment

These skills are included for the future as requested by employers in clinics and HMOs.

II. Health Teaching

A. Communication Skills

- Current Practical Nursing graduates in Minnesota know basic principles and techniques of interpersonal communication with clients, family members and co-workers(MANEC, 1980).

1. Admits client, exclusive of nursing history.
2. Conveys emotional support in caring for semi-conscious and unconscious patient.
3. Adapts nursing approach to meet the communication needs of age groups, the sensory deprived, the mentally retarded.
4. Encourages trust relationships with health team members
5. Uses constructive verbal and nonverbal communication techniques.
6. Listens attentively
7. Encourages client and family members to ventilate feelings.
8. Assists clients through stages of adjustment to loss
9. Reports and records emotional response of clients

- Expanded The nursing technician knows basic principles and techniques of interpersonal communication with patients, family members and co-workers.
  1. Expresses information with more clarity.
  2. Demonstrates active listening skills.
  3. Uses verbal/nonverbal information to assess client's needs.
  4. Employs validation therapy appropriately.
  5. Completes admission interview using an established format.
  6. Documents subjective and objective assessments.

Comment

It is believed that increased emphasis is needed in the area of communication skills. It may be that basic use of language be suggested as remediation for some students in order that they can become competent to the degree desired.

B. Information Giving

- Current Practical nursing graduates in Minnesota know health information taught in basic program and provide explanations to clients as required when providing direct care (MANEC, 1980).
  1. Assists in preoperative teaching.
  2. Explains reasons for nursing care, treatments, and diagnostic tests.
  3. Explains purpose of medications and common side effects.
  4. Informs client of available pastoral care and religious services.
- Expanded The nursing technician assists clients to understand his/her own health needs and encourages client involvement in the treatment of illness and maintenance of health.
  1. Explains health care maintenance.
  2. Shares wellness/prevention concepts.
  *3. Relays preoperative and postoperative instruction in complex situations.
  4. Explains discharge plan to patient and family.
  5. Telephones information to client after clinic visit.
  6. Documents instructions.

Comment

These expanded tasks were suggested as the result of employer interviews and questionnaire responses.

C. Nursing Care Plan

- Current Practical Nursing graduates in Minnesota know the principles of the nursing process and contribute to the nursing care plan.

  1. Assists in gathering data for use in preparing plan.
  2. Contributes to care plan by identifying client's needs and problems.
  3. Identifies short term goals for plan.

- Expanded The nursing technician utilizes nursing process to assess, plan, implement and evaluate nursing care.

  1. Collects data for plan.
  *2. Formulates plan.
  3. Shares planning with patient.
  *4. Evaluates plan.
  *5. Modifies plan as needed.
  6. Documents plan and patient's response.

Comment

Consistency is needed in teaching skills related to the nursing care plan. While many professional nurses feel that the nursing technician's role in planning is only as an assistant, many employers will expect the technician to be able to plan, evaluate and modify, especially in long term care facilities.

III. Leading and Managing

A. Group Management

- Current Practical nursing graduates in Minnesota know and apply

techniques of time management in providing daily client nursing care (MANEC, 1980).

1. Establishes and meets priority of needs for 3-4 patients in an eight hour shift.
2. Appraises patient's response to nursing care.

- Expanded The second category care giver is prepared to make decisions and give direction in selected job situations. The nursing technician recognizes his/her capabilities and limitations and consults with the health professional when necessary.

1. Utilizes principles of organization and management.
2. Evaluates groups of patients to determine nursing needs.
3. Delegates tasks to other team members in long term care facilities.
4. Promotes quality nursing care standards.
5. Identifies own leadership qualities.
6. Practices principles of assertiveness.
7. Gives and receives oral and written reports.
8. Participates in health team conference in long term care facilities.
9. Determines patient's response to treatment after clinic and short-stay surgery according to established format.

Comment

These skills are essential for any beginning leadership role. Long term care facilities repeatedly request that future nursing technicians be prepared as team leaders.

B. Record Keeping

- Current Practical nursing graduates in Minnesota know principles and procedures for documenting nursing care for their assigned patients.

  1. Documents nursing care using facility's format.

- Expanded The nursing technician has increased responsibility for record keeping.

  *1. Transcribes and interprets instructions from health professional.

  2. Follows State and Federal regulations for documentation in long term care facility.

  3. Documents validity and level of care given in a long term care facility.

  4. Maintains and reviews records.

Comment

These expanded skill areas represent needs expressed by employers in long term care.

C. Individual Accountability

- Current Practical nursing graduates in Minnesota pursue the requirements essential to vocational growth to enhance the quality of client care and own nursing practice (MANEC, 1980).

  1. Follows directions in assisting health professional in emergency situations.

  2. Performs nursing functions in compliance with the Patient's Bill of Rights.

  3. Evaluates own performance in nursing situations.

  4. Seeks sources of continuing education.

- **Expanded** The nursing technician pursues the requirements of personal and technical growth to enhance the quality of client care and own nursing practice.
  1. Promotes self-wellness and prevention of illness.
  2. Keeps skills and knowledge current by participating in continuing education.
  3. Recognizes current bioethical issues.

Comment

Education of future nursing technicians would require continual awareness of evolving social changes. Education must be kept current.

CHAPTER 5

Recommendations

The Project identified several areas in which to offer recommendations: curricular, licensure, articulation, future studies. As with all beginning studies, there is much more to be done.

Curricular

The new nursing technician described by the Project could be prepared in a technical educational setting in 15-16 months. Two possible arrangements are:

1) Four 4-month quarters,
2) Three 5-month trimesters.

Either arrangement could be adjusted around the institution's regular calendar to allow for vacations, holidays, etc. Multiple entry dates could be implemented. This new program would replace present PN programs. Integration of proposed expanded competencies into the present PN curricula is an area needing future study. The autonomy of individual programs is highly valued; total statewide standardization may or may not be achievable.

New curriculum should address the needs of adult learners and be based on demonstrated competencies. Supervised clinical learning experiences must continue to provide the basis for education of the technician.

There were some discussions early in the Project about preparing a "core" technician and then offering assorted specialty areas for expansion. Examples of technical specialties might include skills for employment in clinics, or working with electronic monitors, or even the leadership

skills suggested in long term care. As the Project evolved, however, these ideas were rejected because such narrow specialties would restrict a graduate's employment opportunities. Preparation as a generalist with opportunity to practice in several specialty areas allows graduates the flexibility needed as they develop as persons and find new interests. Licensure as a generalist is also the simplest approach; nurses are now licensed as generalists, with some professional specialty areas issuing further credentials.

Licensure

Changes in State Statutes regarding nurse licensure require legislation, a lengthy and arduous process. Should such changes be encouraged? Can changes in the roles and educational preparation of nurses be achieved without legislation?

The MBN proposed rule changes (1981) do not specify program length for either practical or professional programs. It is therefore feasible that present PN programs could move toward 15-16 months in length; graduates would continue to be licensed as LPNs until or unless Nurse Practice Acts are changed through legislation.

Many nurse educators feel that present licensure examinations are inadequate measures of graduate's competencies. Until improvements are made, and efforts to that end are in process, all concerned will need to exercise patience.

Articulation

Articulation between the several levels of nurse education has been a major concern in Minnesota for at least the past six years (MHECB, 1982).

In 1980, the MHECB established an articulation task force which studied the problem in depth. Their report was accepted by the MHECB in 1982 and the Board recommended that:

1. The governing boards implement the task force's recommendations: (a) that RNs need to take no more than two-thirds of the nursing coursework required of other nursing students in a baccalaureate program; (b) that LPNs need to take no more than two-thirds of the nursing coursework required of other nursing students in an associate degree program; and (c) that articulation agreements be initiated and approved by the governing boards to formalize arrangements between and among institutions to insure that nursing students receive appropriate credit and/or advanced placement for all credit granted.

2. The State University System and the University of Minnesota provide appropriate prerequisite course offerings which support the New York Regents External Degree Program.

3. The Higher Education Advisory Council (HEAC) establish a Cooperative Articulation Office and that the Office be jointly funded by the systems. (MHECB, 1982)

The proposal for a new nursing technician does not alter the dilemma of presently practicing nurses at any level who would like to change levels and/or roles. Articulation will still be necessary in the future because individuals change and grow; adult learners need new challenges, and the changes occuring in health services require increased education at all levels (Amello, 1981).

Should there eventually be only two levels of nurse preparation, articulation will remain an important option because individuals will need opportunities for advancement in nursing without costly repetition of entire educational programs. There would, of course, need to be renegotiation of articulation agreements to recognize the new curriculum.

The role of the professional nurse will also need expansion to meet future needs.

Future Studies

This Project was limited by time and did not complete the details of a proposed model curriculum for preparation of a new nursing technician. This could constitute a major portion of a future project once new levels of nursing are agreed upon.

The proposed expansion of competencies would require additional faculty education in some areas. Faculties would also need assistance in adjusting philosophies and curriculum. Resources for teaching new technology will require exploration. These are all areas needing more study, study which regularly assigned faculty cannot be expected to do while teaching.

Cooperation among Minnesota's PN programs will continue to be needed if greater standardization in curriculum is desired. Together, nurse educators can significantly improve the consistency of graduate competencies, which will lead to employer satisfaction and higher quality patient care.

APPENDIX A:

Proposed Role Descriptions
for
Future Levels of Nursing Practice

MINNESOTA NURSES ASSOCIATION
1821 University Avenue
St. Paul, Minnesota 55104

PROPOSED ROLE DESCRIPTIONS FOR FUTURE LEVELS OF NURSING PRACTICE

INTRODUCTION

Four levels of nursing education currently exist. Nursing after 1988 will consist of professional and technical levels. This document sets forth beliefs about and descriptions of these future levels.

STATEMENT OF BELIEFS

I. INDIVIDUAL AND SOCIETY

Individuals are regarded with personal worth, respect, dignity and honor. Individuals act on, adapt to, and cope with internal and external forces, utilizing cognitive, psychomotor and affective resources. Through growth and development, individuals are dynamic persons with dependent, independent and interdependent abilities and needs. Individuals and society are responsible for promotion, restoration, and maintainence of health.

II. HEALTH, HEALTH CARE SYSTEMS AND SETTINGS

Health is an individually defined dynamic state of well-being. Health is influenced by purposeful action which facilitates maximizing capabilities. It is influenced by the ability to fulfill daily responsibilities and societal requirements and by individual potentials and expectations.

Altered health states result when the individual is unable to cope with or adapt to internal or external factors impinging upon the individual. The state of health is influenced by a universe of biopsychosocial factors.

Health care systems of the future will continue to care for the sick and injured, promote and maintain health, prevent illness, while promoting an individual's active participation in the management of health. Health care delivery will occur in a diversity of settings with an increased emphasis on non-acute care.

III. NURSING

Nursing is a unique discipline and service, with its own knowledge base and area of responsibility. Nursing includes the diagnosis and treatment of human responses to actual or potential health problems. The practice of nursing is an art and an applied science which assists the individual to achieve maximum health within the capability of each person.

The uniqueness of nursing stems from its perspective of care, concern for the whole person, respect for individual rights, and the promotion of wellness and growth. Nurses provide a service to meet individual needs through the nursing process synthesizing the body of nursing knowledge and the knowledge of basic sciences and humanities.

Nursing is responsible for providing quality nursing care, educating the current and future members of the profession and expanding nursing knowledge. Nursing will consist of two levels of practice, professional and technical.

The minimal educational preparation for entry into professional nursing practice is the baccalaureate degree with a major in nursing. Professional nursing education is the responsibility of nurse educators and occurs within a baccalaureate degree-granting institution.

Professional nursing education is based upon and combines a liberal education with the study of nursing science and practice. This forms a basis of making sound nursing decisions and a framework for consistent use of critical thinking. Professional nursing is built upon knowledge from natural and behavioral science as well as nursing science and theory.

The practice of professional nursing occurs within a variety of settings (primary, secondary and tertiary), in complex and unpredictable situations and is concerned with promoting healthy behaviors as well as providing care for the ill. The professional nurse functions as a care provider, advocate, change agent, teacher, manager, and evaluator and collaborates with other health care professionals to provide optimal nursing care to individuals, families and communities.

The professional nurse is accountable to the client and is ultimately responsible for all nursing care provided. The professional nurse works directly and indirectly with the technical nurse to provide care for individuals and families.

TECHNICAL NURSING EDUCATION AND PRACTICE

Technical nursing education takes place in education settings and is the responsibility of nurse educators. This education combines nursing knowledge and knowledge from the basic sciences. The educational setting for the technical level is still under review.

Technical practitioners are accountable health care providers for clients with common health problems in structured settings. The scope of technical nursing practice centers on direct client care and is defined below by the roles of care provider, teacher and manager of client care.

Technical practice involves nursing judgement as well as the ability to recognize situations which require higher expertise. Technical nurses have a role in health care only under the direction of a professional nurse.

ROLE DESCRIPTIONS

The role descriptions for future levels of practice are listed for (1) nursing care delivery; (2) health teaching; and (3) leading and managing.

PROFESSIONAL LEVEL	TECHNICAL LEVEL
I. Nursing Care Delivery	I. Nursing Care Delivery
A. Initiate comprehensive and systematic assessment of health care needs of individual and family.	A. Collect and interpret data about immediate individual need using routinely available resources.
B. Assess impact of community environment on individual, family and group.	B.
C. Design and modify a plan of nursing care. Utilize appropriate consultations, referrals, and reserach findings.	C. Provide input into the nursing care plan.
D. Provide total individualized nursing care based on scientific principles.	D. Perform basic nursing care and delegated nursing functions.
E. Evaluate the process and outcome of all nursing care delivered.	E. Evaluate effectiveness of nursing care given by self and participate in evaluation of delegated nursing functions.
F. Incorporate relevant research findings throughout nursing process.	F.
G. Incorporate ethics into nursing practice.	G. Incorporate ethics into nursing practice.
H. Serve as patient advocate.	H. Safeguard patient rights.
II. Health Counseling and Teaching	II. Health Teaching
A. Assess learning needs of individuals and groups.	A. Identify patient's need for information and resources available for meeting need.
B. Develop teaching plan.	B. Assist in developing teaching plan.

PROFESSIONAL LEVEL (cont.)	TECHNICAL LEVEL (cont.)
C. Apply individual and group teaching methods.	C. Provide standardized information and implement assigned portion of teaching.
D. Evaluate teaching process and document learning outcome.	D. Recognize and report learner response to teaching.
E. Assess counseling needs of individuals and groups.	
F. Provide health counseling for individuals and groups.	
G. Participate and collaborate in teaching plans and counseling programs developed by other health care professionals.	
III. Management: Patients and Personnel	III. Patient Management
A. Assess individual and group needs based on management principles considering available human and material resources.	A. Collect data to set priorities and organize nursing care for assigned group of patients.
B. Develop management plan to meet assessed need for both consumer and staff	B. Develop organizational work plan to provide nursing care for an assigned group of patients.
C. Implement management plan through delegation and supervising activities performed by nursing and other personnel.	C. Provide direct care for a group of patients within a specified time period.
D. Evaluate performance of staff and provide feedback. Evaluate own management effectiveness.	D. Evaluate effectiveness of own nursing performance.
E. Assume responsibility for development, maintenance, and implementation of professional standards and organizational policy.	E. Accepts responsibility for implementing established policies

APPENDIX B: ADVISORY GROUPS

I. Employers (Directors of Nursing or similar position)

Alice M. Chait
Samaritan Hospital
St. Paul, MN

Mary A. Femrite
Bethesda Hospital
St. Paul, MN

Jan Froid
Regina Memorial Hosp.
Hastings, MN

Evelyn O. Halverson
Lynblomsten Care Center
St. Paul, MN

Judith Haviland
St. Paul Childrens Hospital
St. Paul, MN

Carol Kelsey
United Hospitals
St. Paul, MN

Sr. Janet McIntyre
Divine Redeemer Mem. Hosp.
So. St. Paul, MN

Jean Nagle
North Ridge Care Center
New Hope, MN

Sr. Delore Rochn
St. Joseph's Hospital
St. Paul, MN

Loretta Seitz
St. John's Hospital
St. Paul, MN

Dorthea A. Tenney
Fairview-Southdale Hosp.
Edina, MN

Lela Texer
Southview Acres Health Care Center
West St. Paul, MN

Vicki Weller
Wilder Infirmary
St. Paul, MN

II. Educators: Directors of Practical Nursing Programs

Delloris Risbrudt
Fergus Falls Community College

Shirley A. Brekken
East Grand Forks AVTI

Sharon Erickson
Thief River Falls AVTI

Carol A. Backstrom
Rochester Area Vo. Tech

Karen Sollom
ARNEC Consortium (Bedidji)

Helen Aase
Faribault AVTI

Jane A. Kohner
Director Winona ATI

Janice Opsal
Alexandria ATI

Helen E. Bell
Red Wing ATI

Marion Brunz
Mankato AVTI

Frances A. Temple
Mankato AVTI
New Ulm Campus

Betty De Ruyter
Willmar AVTI

Jane Toddi
St. Marys School of Practical Nursing

Janice Vare
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Theresa L. Haney
Detroit Lakes AVTI

Gerry Rowe
Itasca Comm. College

Diane K. MacMillan
Duluth AVTI

Josephine Elioff
Eveleth AVTI

Sharon Johnson
Austin AVTI

Bette Struck
Anoka AVTI

Sandra Robertson
Dakota County AVTI

M. Jacquiline Sowell
Minneapolis TI

Kathy Nardi
St. Paul TVI

Verna Malder
Worthington CC

Sylvia Mertens
St. Cloud AVTI

Diana Sell, Acting Director
Brainard AVTI

Judy Anderson
Rainy River Community College

III. Representatives from Nursing Organizations

MNA: Kay Ehrhart
Project Director
St. Paul, MN

MLN: Dr. Rosemary Langston
Winona, MN

MLPNA: Judy Domning, St. Paul, MN

Jan Nygaard, Hastings, MN

APPENDIX C:

Questionnaire

QUESTIONNAIRE

Focus: JOB-ENTRY SKILLS FOR THE FUTURE SECOND LEVEL NURSING TECHNICIAN WHO IS NOT AN R.N.

The following list identifies some baseline and upper limits of job-entry skills that may be needed by the future nursing technician in 1988 and beyond. Bedside care-giving skills are assumed to continue in importance.

Directions:

1. Circle one response number for each of the items in the questionnaire, rating the importance as follows:

Never	Occasionally	Usually	Always
1	2	3	4

2. Feel free to add other items and/or comments.

UNIT A: What communication skills will be required?

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
Patient Teaching				
1. To give instructions per routines for diagnostic tests.	1	2	3	4
2. To give routine preoperative and postoperative instruction.	1	2	3	4
3. To give preoperative and postoperative instruction in complicated situations.	1	2	3	4
4. To teach health care maintenance, i.e., diabetic foot care, discharge instructions, care of ostomy,	1	2	3	4

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
Nursing Care Plans				
1. To collect data for use in preparing nursing care plan.	1	2	3	4
2. To formulate the nursing care plan.	1	2	3	4
3. To evaluate the nursing care plan.	1	2	3	4
Physician's Orders				
1. To receive and write telephone orders	1	2	3	4
2. To transcribe written orders	1	2	3	4

Comments and/or additional items:

UNIT B: What leadership skills will be required?

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
1. To perform as a primary nurse.	1	2	3	4
2. To perform as a charge nurse.	1	2	2	4
3. To perform as a team leader.	1	2	3	4

Comments and/or additional items:

UNIT C: What decision making skills will be required?

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
1. To recognize normal physical and psychological responses.	1	2	3	4
2. To recognize abnormal physical and psychological responses.	1	2	3	4
3. To evaluate data gathered from medical and nursing assessments.	1	2	3	4
4. To initiate appropriate action:	1	2	3	4
a. administer prn medications	1	2	3	4
b. notify physician	1	2	3	4
c. revise nursing care plan	1	2	3	4

Comments and/or additional items:

UNIT D: What skills will be needed in intravenous therapy?

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
1. To adjust flow rate as ordered by the physician.	1	2	3	4
2. To change intravenous tubing.	1	2	3	4
3. To hang intravenous bottles/bags.	1	2	3	4
4. To hang blood products	1	2	3	4
5. To adjust infusion pumps.	1	2	3	4
6. To perform venipuncture to initiate intravenous therapy.	1	2	3	4

Comments and/or additional items:

UNIT E: What skills will be needed with special equipment?

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
Respiratory Therapy				
1. To initiate oxygen therapy.	1	2	3	4
2. To monitor the patient with mechanical ventilation.	1	2	3	4
3. To administer IPPB treatments	1	2	3	4

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
Special Beds				
1. To turn the patient on Stryker/Foster Frame.	1	2	3	4
2. To turn the patient on Circ-O-lectric bed.	1	2	3	4
Monitors				
1. To attach external fetal monitor	1	2	3	4
2. To interpret data from fetal monitor.	1	2	3	4
3. To initiate appropriate action according to routines for fetal monitor.	1	2	3	4
4. To set up cardiac monitor.	1	2	3	4
5. To interpret data from cardiac monitor.	1	2	3	4
6. To initiate appropriate action according to routines for cardiac monitor.	1	2	3	4
Computer/Data Processing				
1. To operate a video matrex terminal.	1	2	3	4
2. To enter nursing data.	1	2	3	4
3. To enter physician's orders.	1	2	3	4
4. To order medications, diet, diagnostic tests, etc.	1	2	3	4

Comments and/or additional items:

UNIT F: What skills will be needed in the administration of medications?

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
1. To give oral medications.	1	2	3	4
2. To give intramuscular/subcutaneous medications.	1	2	3	4
3. To calculate fractional dosages.	1	2	3	4
4. To mix more than one type of insulin in a syringe.	1	2	3	4
5. To administer piggy-back intravenous medications.	1	2	3	4
6. To inject medications into heparin lock/intravenous tubing.	1	2	3	4
7. To mix intravenous solutions according to physician's order.	1	2	3	4

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Comments and/or additional items;

UNIT G: What skills will be needed for sterile techniques?

Items	NEVER	OCCASIONALLY	USUALLY	ALWAYS
1. To change dressings.	1	2	3	4
2. To perform catheterizations.	1	2	3	4
3. To assist in the Emergency Room, i.e. setting-up trays for lacerations, biopsies, etc.	1	2	3	4

UNIT G - continued	NEVER	OCCASIONALLY	USUALLY	ALWAYS
4. To change subclavian/hyperalimentation dressings.	1	2	3	4
5. To perform as a scrub nurse in the operating/ delivery room.	1	2	3	4

Comments and/or additional items:

PLEASE IDENTIFY YOUR:

1. EMPLOYMENT FACILITY

2. LOCATION OF FACILITY

3. JOB TITLE

THANK YOU FOR RESPONDING TO OUR QUESTIONNAIRE.

Curriculum Project
3/82: BJ,GJ,PE,ES

APPENDIX D:

Questionnaire Response from Employers

Focus: Job-entry skills for the future second level nursing technician who is not an R.N.

The following list identifies some baseline and upper limits of job-entry skills that may be needed by the future nursing technician in 1988 and beyond. Bedside care-giving skills are assumed to continue in importance.

(*Items intended to be RN responsibilities by committee; not so marked on questionnaire.)

Unit A: Communication Skills

Patient Teaching

	Percentage Responses			
1. To give instructions per routines for diagnostic tests.	Never	Occasionally	Usually	Always
Metro Hospitals	21	32	32	16
Outstate Hospitals	--	5	47	47
Metro Nursing Homes	--	33	42	25
Outstate Nursing Homes	--	--	67	39
2. To give routine pre and post-operative instructions.				
Metro Hospitals	32	32	21	16
Outstate Hospitals	--	10	55	38
Metro Nursing Homes	25	33	17	25
Outstate Nursing Homes	11	44	17	28
*3. To give pre and post-operative instructions in complicated situations.				
Metro Hospitals	68	26	5	--
Outstate Hospitals	41	50	9	--
Metro Nursing Homes	55	18	9	18
Outstate Nursing Homes	44	28	5	22
4. To teach health care maintainence, i.e., diabetic foot care, discharge instructions, care of ostomy.				
Metro Hospitals	47	21	26	5
Outstate Hospitals	14	36	23	27
Metro Nursing Homes	17	17	25	41
Outstate Nursing Homes	5	22	22	50

	Percentage Responses			
Nursing Care Plans				
1. To collect data for use in preparing nursing care plan	Never	Occasionally	Usually	Always
Metro Hospitals	10	16	32	42
Outstate Hospitals	5	9	23	64
Metro Nursing Homes	--	--	33	67
Outstate Nursing Homes	--	--	44	56
*2. To formulate the nursing care plan.				
Metro Hospitals	53	32	10	5
Outstate Hospitals	18	41	32	9
Metro Nursing Homes	8	16	25	50
Outstate Nursing Homes	11	22	44	22
*3. To evaluate the nursing care plan.				
Metro Hospitals	58	21	16	5
Outstate Hospitals	23	50	18	9
Metro Nursing Homes	8	17	25	50
Outstate Nursing Homes	11	22	28	39
Physicians Orders				
1. To receive and write telephone orders.				
Metro Hospitals	79	10	5	5
Outstate Hospitals	41	18	23	18
Metro Nursing Homes	22	--	11	66
Outstate Nursing Homes	5	33	5	56
2. To transcribe written orders				
Metro Hospitals	47	26	5	16
Outstate Hospitals	27	27	27	18
Metro Nursing Homes	8	16	16	58
Outstate Nursing Homes	5	28	11	56
Unit B: Leadership Skills				
*1. To perform as primary nurse				
Metro Hospitals	63	21	5	5
Outstate Hospitals	27	23	32	18
Metro Nursing Homes	41	17	25	17
Outstate Nursing Homes	17	28	28	28

Unit B: Leadership Skills continued

	Percentage Responses			
*2. To perform as charge nurse	Never	Occasionally	Usually	Always
Metro Hospitals	100	--	--	--
Outstate Hospitals	57	43	--	--
Metro Nursing Homes	25	25	17	33
Outstate Nursing Homes	17	39	11	33
3. To perform as team leader				
Metro Hospitals	73	21	5	--
Outstate Hospitals	45	30	20	5
Metro Nursing Homes	--	8	50	42
Outstate Nursing Homes	5	22	17	56
Unit C: Decision Making Skills				
1. To recognize normal physical and psychological responses				
Metro Hospitals	5	--	63	32
Outstate Hospitals	--	5	23	73
Metro Nursing Homes	--	--	25	75
Outstate Nursing Homes	--	--	11	89
2. To recognize abnormal physical and psychological responses				
Metro Hospitals	5	5	58	32
Outstate Hospitals	5	5	59	32
Metro Nursing Homes	--	7	23	70
Outstate Nursing Homes	--	5	5	89
3. To evaluate data gathered from medical and nursing assessments				
Metro Hospitals	42	42	5	10
Outstate Hospitals	19	29	36	14
Metro Nursing Homes	--	27	55	18
Outstate Nursing Homes	11	11	44	33
4a. To initiate appropriate action: administer prn medications				
Metro Hospitals	44	5	28	22
Outstate Hospitals	14	19	33	33
Metro Nursing Homes	10	--	50	40
Outstate Nursing Homes	5	5	17	72
4b. To initiate appropriate action: notify physician				
Metro Hospitals	50	28	5	17
Outstate Hospitals	30	35	15	20
Metro Nursing Homes	18	27	18	36
Outstate Nursing Homes	5	22	22	50

Unit C: Decision Making Skills continued

	Percentage Responses			
4c. To initiate appropriate action: revise nursing care plan.	Never	Occasionally	Usually	Always
Metro Hospitals	26	37	26	10
Outstate Hospitals	20	35	25	20
Metro Nursing Homes	9	36	9	45
Outstate Nursing Homes	5	17	33	44
Unit D: Intravenous Therapy Skills				
1. To adjust flow rate as ordered by physician.				
Metro Hospitals	21	16	26	37
Outstate Hospitals	14	23	23	41
2. To change IV tubing				
Metro Hospitals	32	21	16	32
Outstate Hospitals	23	9	27	41
3. To hang intravenous bottles/ bags				
Metro Hospitals	37	5	26	32
Outstate Hospitals	23	5	36	36
*4. To hang blood products				
Metro Hospitals	63	5	16	16
Outstate Hospitals	68	9	9	14
5. To adjust infusion pumps				
Metro Hospitals	32	21	21	26
Outstate Hospitals	27	14	32	27
*6. To perform venipuncture to initiate IV therapy				
Metro Hospitals	68	10	5	16
Outstate Hospitals	62	14	14	9
Unit E: Special Equipment Skills				
Respiratory Therapy				
1. To initiate oxygen therapy				
Metro Hospitals	26	16	32	26
Outstate Hospitals	10	24	33	33
Metro Nursing Homes	27	18	36	18
Outstate Nursing Homes	11	33	28	28

Unit E: Special Equipment Skills

	Percentage Responses			
*2. To monitor patient with mechanical ventilation	Never	Occasionally	Usually	Always
Metro Hospitals	58	26	5	10
Outstate Hospitals	38	33	19	5
Metro Nursing Homes	45	18	27	9
Outstate Nursing Homes	62	19	19	--
*3. To administer IPPB treatments				
Metro Hospitals	37	32	21	10
Outstate Hospitals	33	29	24	14
Metro Nursing Homes	64	9	18	9
Outstate Nursing Homes	38	38	12	12
Special Beds				
1. To use circle-lectric beds or Stryker frames				
Metro Hospitals	6	18	35	41
Outstate Hospitals	19	10	33	38
Metro Nursing Homes	27	--	27	45
Outstate Nursing Homes	42	8	16	22
Monitors				
1. To attach fetal monitor				
Metro Hospitals	42	16	21	10
Outstate Hospitals	32	14	27	27
*2. To interpret data from fetal monitor				
Metro Hospitals	67	11	17	5
Outstate Hospitals	41	41	14	5
*3. To initiate appropriate action according to routines for fetal monitor				
Metro Hospitals	70	18	6	6
Outstate Hospitals	45	41	9	5
4. To attach cardiac monitor				
Metro Hospitals	50	22	17	12
Outstate Hospitals	27	27	27	18
*5. To interpret data from cardiac monitor				
Metro Hospitals	72	22	5	--
Outstate Hospitals	38	43	14	5

Unit E: Special Equipment Skills continued

	Percentage Responses			
*6. To initiate appropriate action according to routines for cardiac monitor	Never	Occasionally	Usually	Always
Metro Hospitals	72	11	5	11
Outstate Hospitals	48	43	5	5
Computer-Data Processing				
1. To operate a video matrix terminal				
Metro Hospitals	24	29	29	18
Outstate Hospitals	16	16	33	33
Metro Nursing Homes	50	11	40	10
Outstate Nursing Homes	(NA-72)	22	--	5
2. To enter nursing data				
Metro Hospitals	25	25	38	13
Outstate Hospitals	22	17	33	28
Metro Nursing Homes	44	--	44	11
Outstate Nursing Homes	(NA-72)	22	--	5
3. To enter physician's order				
Metro Hospitals	38	25	25	13
Outstate Hospitals	39	22	22	17
Metro Nursing Homes	5	10	40	--
Outstate Nursing Homes	(NA-72)	22	--	5
4. To order medications, diets, diagnostic tests, etc.				
Metro Hospitals	41	29	18	12
Outstate Hospitals	33	28	22	17
Metro Nursing Homes	50	10	30	10
Outstate Nursing Homes	(NA-72)	28	--	--
Unit F: Administration of Medications				
1. To give oral medications				
Metro Hospitals	26	10	16	47
Outstate Hospitals	9	9	23	59
Metro Nursing Homes	--	9	27	64
Outstate Nursing Homes	5	5	--	89
2. To give injectable medications				
Metro Hospitals	26	10	16	47
Outstate Hospitals	18	--	27	55
Metro Nursing Homes	8	8	24	56
Outstate Nursing Homes	5	11	11	72

Unit F: Administration of Medications

	Percentage Responses			
3. To calculate fractional doses	Never	Occasionally	Usually	Always
Metro Hospitals	53	10	10	26
Outstate Hospitals	27	23	23	27
Metro Nursing Homes	27	18	9	45
Outstate Nursing Homes	17	39	11	33
4. To mix insulins in a syringe				
Metro Hospitals	42	10	26	21
Outstate Hospitals	27	23	23	27
Metro Nursing Homes	33	8	17	42
Outstate Nursing Homes	17	39	11	33
*5. To administer piggy-back IV Medications				
Metro Hospitals	58	10	10	21
Outstate Hospitals	45	18	23	14
Metro Nursing Homes	82	--	9	9
Outstate Nursing Homes	75	19	6	--
*6. To inject medications into heparin lock/IV tubing				
Metro Hospitals	73	10	--	16
Outstate Hospitals	59	18	18	5
Metro Nursing Homes	82	18	--	--
Outstate Nursing Homes	81	19	--	--
*7. To mix IV solutions according to physician's order				
Metro Hospitals	78	5	11	5
Outstate Hospitals	73	5	18	5
Metro Nursing Homes	91	9	--	--
Outstate Nursing Homes	88	12	--	--
Unit G: Sterile Technique Skills				
1. To change dressings				
Metro Hospitals	10	16	26	47
Outstate Hospitals	9	14	18	59
Metro Nursing Homes	8	8	25	58
Outstate Nursing Homes	5	17	22	56
2. To perform catheterizations				
Metro Hospitals	10	21	21	47
Outstate Hospitals	14	14	18	55
Metro Nursing Homes	--	17	8	75
Outstate Nursing Homes	11	17	--	72

Unit G: Sterile Technique Skills

	Percentage Responses			
3. To assist in Emergency Room, i.e., setting-up trays, etc.	Never	Occasionally	Usually	Always
Metro Hospitals	21	16	37	26
Outstate Hospitals	9	9	23	59
4. To change subclavian dressings				
Metro Hospitals	63	16	5	16
Outstate Hospitals	41	18	18	23
5. To perform as a scrub nurse in the operating/delivery room				
Metro Hospitals	26	21	32	21
Outstate Hospitals	14	36	32	23

Written comments from employers

From nursing homes:

Long term care requires LPNs to work as charge nurse with full responsibility for skilled care residents. (3 responses)

LPNs work in nearly same capacity as RNs and are required to perform the same duties as RNs.

LPNs need to recognize and evaluate (patient) responses in order to consult with RN about decision.

Needs to evaluate responses to medications and document same.

When an RN is on [duty, she] does Dr's orders, etc.-40% of time - LPNs [on duty] evenings and nights [must do orders].

Not necessary to have BS as entry level nor desirable. Cost of college education will limit entry into nursing and will lose excellent productive RNs.

View second level as developing specialty areas rather than general care areas.

From hospitals:

Role delineation is essential.

JCAH standards place responsibility for RN decision making for nursing process.

Yes, to assist in formulating nursing care plan, to be able to evaluate current status of the care plan.

Believe in 4-6 months [preparation for second level person] - must reduce the number of categories of nurses.

If second level has too much education, institutions will still use aides - that will not solve the problem.

Written comments from employers continued

From hospitals:

A technician outlined by Mildred Montag is preferred.

Technicians should specialize in various areas to increase proficiency.

Some of these specific skills could be taught to individuals intending to work in a certain area.

1988 is a long way off! Delivery of nursing care [will] probably [be] very different from 1982! (probably 1983!)

I do not see this non professional getting involved in the activities you've listed. Patient teaching, care plans, decision making, meds. administration, IV therapy, etc., should be done by the professional nurse.

Request that "additional training" be required before doing these procedures.

APPENDIX E:

Questionnaire Response: Average Score of Each Item

Each item was given a total score by adding together all responses, i.e., 3 responses #1, 2 responses #2, 1 response #3, 1 response #4 = 14. The total was then divided by the number of respondants to arrive at an average score, i.e. 14 ÷ 7 =2. The average could be used to determine the degree to which that skill will be needed. Items with averages between 2.5 and 4 should probably be included in the curriculum for a new nursing technician. Items with averages between 2 and 2.5 should be studied carefully.

	Hospitals		Nursing Homes		PN Directors	Total all
Unit A: Communication	Metro	Outstate	Metro	Outstate		
Teaching						
1. Routine, diagnostic	2.26	3.42	2.9	3.38	3.56	3.18
2. Routine pre/post op	2.21	3.28	2.4	2.6	3.69	2.89
3. Complex pre/post op	1.36	1.68	1.45	2.05	1.78	1.74
4. Health care maintenance	2.1	2.63	2.91	3.35	3.04	2.75
Nursing Care Plans						
1. Collect data	3.05	3.45	3.66	3.55	3.34	3.47
2. Formulate	1.68	2.31	3.16	2.66	2.21	2.20
3. Evaluate	1.68	2.13	3.16	2.94	2.65	2.45
Physician's Orders						
1. Telephone	1.36	2.18	3.22	3.11	2.45	2.36
2. Transcribe	1.78	2.36	3.25	3.16	2.5	2.54
Unit B: Leadership						
1. Primary nurse	1.42	2.4	2.16	2.66	2.52	2.25
2. Charge nurse	1	1.42	2.58	2.6	1.73	1.79
3. Team leader	1.31	1.85	3.33	3.22	2.43	2.34
Unit C: Decision-making						
1. Normal responses	3.21	3.68	3.75	3.88	3.86	3.68
2. Abnormal responses	3.15	3.18	3.61	3.83	3.56	3.45
3. Evaluate data	1.84	2.47	2.9	3	2.63	2.53
4. a. PRN meds	2.27	2.85	3.2	3.55	3.28	2.98
b. Call physician	1.88	2.25	2.72	3.16	2.3	2.43
c. Revise care plans	2.21	2.45	2.9	3.16	2.65	2.64

Appendix E: continued
Questionnaire Response: Average Score of Each Item

	Hospitals		Nursing Homes		PN Directors	
	Metro	Outstate	Metro	Outstate		
Unit D: IV Skills						
1. Adjust ordered rate	2.78	2.9	---	---	3.34	3.01
2. Change tubing	2.47	2.86	---	---	2.86	2.75
3. Hang bottles/bags	2.52	2.86	---	---	3.21	2.89
4. Hang blood products	1.84	1.68	---	---	1.78	1.76
5. Adjust infusion pump	2.42	2.59	---	---	2.13	2.37
6. Venipuncture	1.68	1.71	---	---	1.22	1.53
Unit E: Special Equipment						
Oxygen						
1. Initiate	2.57	2.9	2.45	2.72	3.3	2.84
2. Monitor Machine	1.68	1.8	2.0	1.56	1.95	1.8
3. IPPB	2.05	2.19	1.72	2.0	2.08	2.04
Special Beds						
1. Stryker/Circle	2.78	2.9	2.9	2.41	3.54	2.97
Monitors						
1. Attach fetal	2.0	2.5	---	---	2.45	2.33
2. Interpret data	1.61	1.81	---	---	2.05	1.83
3. Appropriate routine action	1.47	1.72	---	---	1.95	1.72
4. Attach cardiac	1.88	2.27	---	---	2.14	2.11
5. Interpret data	1.33	1.85	---	---	1.65	1.62
6. Appropriate routine action	1.55	1.66	---	---	1.71	1.65
Computer/Data Processing						
1. Operate terminal	2.41	2.83	2.1	---	2.44	2.49
2. Enter nursing data	2.37	2.66	2.22	---	2.5	2.47
3. Enter physician's orders	2.12	2.16	1.9	---	1.88	2.03
4. Order med, diet	2.0	2.22	2.0	---	2.16	2.07
Unit F: Medications						
1. Give orals	2.84	3.31	3.54	3.72	3.91	3.47
2. Give injections	2.84	3.18	3.33	3.16	3.91	3.3
3. Calculate	2.10	2.50	2.72	2.16	3.20	2.85
4. Mix insulins	2.26	2.5	2.66	2.61	3.69	2.78
5. Piggy-back IV	1.94	2.04	---	---	2.13	2.04
6. Inject IV tubing	1.57	1.68	---	---	1.82	1.70
7. Mix IV solutions	1.44	1.54	---	---	1.59	1.53
Unit G: Sterile Techniques						
1. Change dressings	3.10	3.27	3.33	3.27	3.82	3.38
2. Catheterizations	3.05	3.13	3.58	3.33	3.95	3.41
3. Assist in ER	2.68	3.31	---	---	3.91	3.54
4. Change subclavian dressing	1.73	2.22	---	---	2.26	2.09
5. Scrub in OR	2.47	2.54	---	---	2.82	2.62

APPENDIX F:

Current skills for nursing care delivery

AGASSIZ REGION NURSING EDUCATION CONSORTIUM

Technical Nursing Skills List

(Psychomotor Objectives)

Level I (Nursing Assistant)

1. Operates beds (crank, gatch, electric)
2. Operates bedboards
3. " bed cradle
4. " bed rails
5. " commode
6. " foot boards
7. " gerichair
8. " intercom system
9. " I.V. standard
10. " mattress (alternating pressure)
11. Operates mattress (water)
12. " overbed table
13. " signal system
14. " stretcher cart
15. " walker
16. " wheelchair
17. Feeds individual without predisposition to aspirating, choking
18. Gives back rub
19. Gives bath (bed)
20. Gives bath (shower)
21. Gives bath (Sitz)
22. Gives bath (tub)
23. Gives perineal care (individuals without perineal wounds)
24. Gives oral hygiene, special oral hygiene
24. Cares for dentures
26. " " hair
27. " " nails
28. Shaves face
29. Assists with use of bedpan (individuals without mobility limitations)
30. Assists with use of curved basin
31. " " " " urinal
32. Applies basic medical aseptic technique in all activities
33. Washes hands in accordance with
33. Washes hands in accordance with medical aseptic technique
34. Cleans patient unit
35. Makes open, closed, occupied, anesthesia beds
36. Weighs patient ("bathroom: or upright scale) and measures height
37. Lifts, moves, positions, ambulates patients wihtout serious mobility problems (includes use of walkers, ambulation belts)
38. Takes temperature (oral, rectal, axillary) counts and describes rhythm and strength of pulse.
39. Counts and describes rhythm, depth and sound of respirations
40. Measures blood pressure

Level I (Nursing Assistant) continued

41. Collects specimens (route urine, "clean catch" urine, sputum, stool)

42. Tests urine for sugar and acetone, specific gravity

43. Gives enema

44. Inserts flatus tube

45. Inserts suppository

46. Applies unsterile packs and soaks

47. Applies hot water bottle

48. " ice bag

49. " K-pad, dry or moist

50. " extremity and jacket restraints to all age groups as necessary

51. Applies elastic stockings

52. " bandages

53. Splints fractures in emergency situations

54. Transports injured persons in emergency situations

55. Treats hemorrhage in emergency situation

56. Improvises and applies a tourniquet

57. Performs resuscitation procedures included in American Heart Association "Heart Saver" course

58. Performs the Heimlich maneuver

59. Initiates and participates in fire code; operates fire extinguishers

AGASSIZ REGION NURSING EDUCATION CONSORTIUM

Technical Nursing Skills List

(Psychomotor Objectives)

Level II (Practical Nurse)*

1. Feeds individual with predisposition to aspirating, choking
2. Gives tepid sponge
3. Administers mideications (oral, topical, rectal, inhalation, subcutaneous, intramuscular)
4. Assist with physical examination Iincluding pelvic, rectal)
5. Initiates and maintains isolation technique
6. Opens sterile packs
7. Establishes sterile field
8. Handles transfer forceps
9. Applies sterile dressings (wet and dry)
10. Irrigates wound
11. Lifts, moves, positions ambulates individuals with serious mobility problems
12. Assists individuals to use crutches
13. Moves and positions individuals in traction; maintains traction
14. Handles damp cast
15. Prepares equipment for and assists with cast removal
16. Assists patients with mobility problems in the use of bedpan
17. Operates circo-electric bed
18. Operates Stryker frame
19. Bandages stump after amputation
20. Gives naso-gastric tube feedings
21. Does gastric washings when tube is in place
22. Irrigates naso-gastric tube
23. Attaches naso-gastric tube to suction
24. Cleans colostomy
25. Irrigates colostomy
26. Opens oxygen cylinder and prepares for use
27. Sets up oxygen tent, croupette
28. Initiates oxygen therapy(canula, mask)
29. Suctions mouth and pharynx
30. Checks and maintains water sealed drainage
31. Clamps chest tubes in emergency
32. Suctions tracheostomy, cleanses canulas
33. Collects nasal/throat specimens for culture/sensitivity
34. Catheterizes (straight and retention catheters)
35. Irrigates catheter

*The practical nurse performs Level I and Level II technical nursing skills

Level II (Practical Nurse)* continued

36. Cares for indwelling catheter
37. Performs bladder irrigation
38. Performs bladder instillation
39. Performs vaginal irrigation
40. Performs vaginal instillation
41. Inserts vaginal suppository
42. Administers perineal care (Patients with perineal wounds)
43. Gives episiotomy care
44. Applies scrotal support
45. Holds infant
46. Bottle feeds newborn
47. Assists mother in breast feeding
48. Weighs infant
49. Dresses newborn
50. "Bubbles" newborn
51. Suctions mouth of newborn
52. Bathes and shampoos newborn
53. Takes rectal temperature of newborn
54. Instills eyedrops
55. Irrigates eye
56. Instills ear drops
57. Initiates and/or participates in cardiopulmonary resuscitation as taught in American Heart Association CPR course.
58. Cares for body after death.

Additions: (from 1979 Practical Nurse competencies)

59. Gives gavage feedings
60. Gives stoma care (colostomy, ileostomy, ileal bladder)
61. Discontinues indwelling catheters
62. Assists individuals with abdominal breathing exercises
63. Performs neuro checks
64. Times labor contractions
65. Counts fetal heart rate
66. Performs 3-minute hand scrub
67. Discontinues IV therapy
68. Performs IV site care
69. Operates Hoyer lift
70. Performs CMS assessment
71. Performs postural drainage
72. Performs pre-and-post operative care according to established routines
73. Performs and instructs ROM exercises
74. Performs heat lamp treatments
75. Performs admission/discharge (exclusive of nursing history)

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